



U.S. Environmental Protection Agency, Region IX

# Financial Statement for Individuals \*

(If additional space is needed, attach a separate sheet)

|   |  |                      |  |                                       |           |
|---|--|----------------------|--|---------------------------------------|-----------|
| 1. Your name and address (including zipcode and county) |  | 2. Home phone number |  | 3. Marital status                     |           |
| Zip Code  |  | County               |  | 4. Social Security Numbers (optional) | a. Yours  |
|   |  |                      |  |                                       | b. Spouse |

**Section I** **Employment Information**

|   |  |                           |  |   |  |
|---|--|---------------------------|--|---|--|
| 5. Present employer or business (name and address)  |  | 6. Business phone number  |  | 7. Occupation   |  |
| 5a. How long at present employment.                 |  |                           |  | 8. Check appropriate box<br><input type="checkbox"/> Wage earner <input type="checkbox"/> Partner<br><input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporate officer  |  |
| 9. Spouse's employer or business (name and address) |  | 10. Business phone number |  | 11. Occupation  |  |
| 9a. How long at present employment.                 |  |                           |  | 12. Check appropriate box<br><input type="checkbox"/> Wage earner <input type="checkbox"/> Partner<br><input type="checkbox"/> Sole proprietor <input type="checkbox"/> Corporate officer |  |

**Section II.** **Personal Information**

13. Name, address and telephone number of next of kin or other reference

|                   |          |             |  |
|-------------------|----------|-------------|--|
| 14. Date of birth | a. Yours | b. Spouse's |  |
|-------------------|----------|-------------|--|

**Section III.** **General Financial Information**

| 15. Last three years Federal and state income tax returns filed   | 15a. Adjusted gross income on returns, per year | 15b. List all states these returns were filed in: |             |         |
|---|---|---|-------------|---------|
| 16. Bank accounts (include Savings & Loans, Credit Unions, IRA and Retirement Plans, Certificates of Deposit, etc.) |   |   |             |         |
| Name of Institution   | Address   | Type of Account                                   | Account No. | Balance |
|   |   |   |             |         |
|   |   |   |             |         |
|   |   |   |             |         |
|   |   |   |             |         |
|   |   |   |             |         |
|   |   |   |             |         |
|   |   |   |             |         |
| Total (Enter in Item 25)  |   |   |             |         |

\* This information is requested pursuant to Section 104(e) of the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. § 9604, and is not subject to approval of the Paperwork Reduction Act of 1980, 44 U.S.C. § 3501, et seq.

Section III - continued

General Financial Information

17. Charge cards, Lines of credit

| Type of Account or Card   | Name and Address of Financial Institution | Monthly Payment | Credit Limit | Amount Owed | Credit Available |
|---------------------------|---|-----------------|--------------|-------------|------------------|
|                           |   |                 |              |             |                  |
|                           |   |                 |              |             |                  |
|                           |   |                 |              |             |                  |
|                           |   |                 |              |             |                  |
| Totals (Enter in Item 31) |   |                 |              |             |                  |

18. Safe deposit boxes rented or accessed (List all locations, box numbers, and contents including estimated market value)

|   |   |  |  |  |
|---|---|--|--|--|
| 19. Real Property (Brief description of property and type of ownership) | Address (Include county, state and parcel number) |  |  |  |
| a.  |   |  |  |  |
| b.  |   |  |  |  |
| c.  |   |  |  |  |

|  |               |      |             |                      |
|--|---------------|------|-------------|----------------------|
| 20. Insurance Policies (Name of Company) | Policy Number | Type | Face Amount | Available Loan Value |
|  |               |      |             |                      |
|  |               |      |             |                      |
|  |               |      |             |                      |
| Total (Enter in Item 27)                 |               |      |             |                      |

21. Additional Financial Information (Court and administrative proceedings by or against you, legal claims[whether asserted or not], settlement agreements, employment agreements, consulting and similar agreements, "golden parachute" agreements, bankruptcies, repossessions, recent transfers of assets for less than full value, anticipated increases in income, real estate being purchased under contract, real or personal property being held on your behalf, condition of health, information on trusts, estates, profit-sharing plans, inheritance, etc., in or of which you are a participant or beneficiary).

22. Are you currently receiving retirement benefits as a former civilian or military employee of the federal government? If so, give dates of service, agency or branch of service employed by, and location of employment.

23. Indicate any business entity with which you own five (5) percent or more of the outstanding stock (or other equity interest).

| Name of Business Entity | Address | Percentage of Stock | Date Purchased |
|-------------------------|---------|---------------------|----------------|
|                         |         |                     |                |
|                         |         |                     |                |
|                         |         |                     |                |

Section IV.

Asset and Liability Analysis

| Description  |    |    | Current<br>Market<br>Value | Liabilities<br>Balance<br>Due | Equity<br>in<br>Asset | Amount of<br>Monthly<br>Payment | Name and Address of Issuer or<br>Lien/Note Holder/Obligee | Date<br>Pledged | Date of<br>Final<br>Payment |
|--|----|----|----------------------------|-------------------------------|-----------------------|---------------------------------|---|-----------------|-----------------------------|
| 24. Cash and precious metals or gems   |    |    |                            |                               |                       |                                 |   |                 |                             |
| 25. Bank accounts  |    |    |                            |                               |                       |                                 |   |                 |                             |
| 26 a. Stocks   |    |    |                            |                               |                       |                                 |   |                 |                             |
| b. Bonds   |    |    |                            |                               |                       |                                 |   |                 |                             |
| c. Mutual Funds, Partnership Interest,<br>Securities and other Investments   |    |    |                            |                               |                       |                                 |   |                 |                             |
| 27. Cash or loan value of Insurance.   |    |    |                            |                               |                       |                                 |   |                 |                             |
| 28. Vehicles (Model, year, license)  |    |    |                            |                               |                       |                                 |   |                 |                             |
|  | a. |    |                            |                               |                       |                                 |   |                 |                             |
|  | b. |    |                            |                               |                       |                                 |   |                 |                             |
|  | c. |    |                            |                               |                       |                                 |   |                 |                             |
| 29. Real<br>property<br>(From<br>item 19)  |    | a. |                            |                               |                       |                                 |   |                 |                             |
|  |    | b. |                            |                               |                       |                                 |   |                 |                             |
|  |    | c. |                            |                               |                       |                                 |   |                 |                             |
| 30. Other tangible assets (including art,<br>boats, jewelry, options, etc.) or financial<br>debts owed to you in excess of \$1000. |    |    |                            |                               |                       |                                 |   |                 |                             |
|  | a. |    |                            |                               |                       |                                 |   |                 |                             |
|  | b. |    |                            |                               |                       |                                 |   |                 |                             |
|  | c. |    |                            |                               |                       |                                 |   |                 |                             |
|  | d. |    |                            |                               |                       |                                 |   |                 |                             |
| 31. Bank revolving credit  |    |    |                            |                               |                       |                                 |   |                 |                             |
| 32. Other<br>Liabilities<br>(Include<br>judgements,<br>notes,<br>tax liens,<br>etc.)   | a. |    |                            |                               |                       |                                 |   |                 |                             |
|  | b. |    |                            |                               |                       |                                 |   |                 |                             |
|  | c. |    |                            |                               |                       |                                 |   |                 |                             |
|  | d. |    |                            |                               |                       |                                 |   |                 |                             |
|  | e. |    |                            |                               |                       |                                 |   |                 |                             |
|  | f. |    |                            |                               |                       |                                 |   |                 |                             |
|  | g. |    |                            |                               |                       |                                 |   |                 |                             |
| 33. Federal and state Taxes Owed   |    |    |                            |                               |                       |                                 |   |                 |                             |
| 34. Totals   |    |    |                            |                               | \$                    | \$                              | Enter in item 49  |                 |                             |

List all transfers real & personal property, including cash (by gift or loan made not at fair market terms) that you have made within the last 3 years (items with a current market value of \$1000.00 or more):

| Date | Current Market Value | Sale Price You<br>Received (if any) | Description of Property Transferred | To Whom<br>(Indicate relationship to you) | Nature and Conditions of Transfer |
|------|----------------------|-------------------------------------|-------------------------------------|---|-----------------------------------|
|      |                      |                                     |                                     |   |                                   |
|      |                      |                                     |                                     |   |                                   |
|      |                      |                                     |                                     |   |                                   |
|      |                      |                                     |                                     |   |                                   |
|      |                      |                                     |                                     |   |                                   |

| Section V. Monthly Income and Expense Analysis           |       |     |   |    |
|--|-------|-----|---|----|
| Income   |       |     | Necessary Living Expenses                         |    |
| Source   | Gross | Net |   |    |
| 35. Wages/Salaries                                       | \$    | \$  | 47. Rent (Do not show mortgage listed in item 29) | \$ |
| 36. Wages/Salaries (spouse)                              |       |     | 48. Groceries (no. of people ____ )               |    |
| 37. Sales Commissions                                    |       |     | 49. Installment payments                          |    |
| 38. Interest - Dividends                                 |       |     | 50. Utilities (Gas \$ _____ Water \$ _____        |    |
| 39. Net business income                                  |       |     | Electric \$ _____ Phone \$ _____ )                |    |
| 40. Rental income  |       |     | 51. Transportation                                |    |
| 41. Pension/Social Security income                       |       |     | 52. Insurance (Life \$ _____ Health \$ _____      |    |
| 42. Pension/Social Security income (spouse)              |       |     | Home \$ _____ Car \$ _____ )                      |    |
| 43. Child Support  |       |     | 53. Medical (describe if in excess of \$500.00)   |    |
| 44. Alimony  |       |     | 54. Estimated tax payments (if self-employed)     |    |
| 45. Other Income (e.g. investment income, capital gains) |       |     | 55. Other expenses (specify)                      |    |
|  |       |     |   |    |
|  |       |     |   |    |
|  |       |     |   |    |
| 46. Total  | \$    | \$  | 56. Total   | \$ |
|  |       |     |   |    |

| Certification  |  |          |
|--|--|----------|
| Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct, and complete. |  |          |
| 57. Your signature   |  | 58. Date |
|  |  |          |